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Please type a plus sign (+) inside this hox->/+/ UTILITY	Atty Doc. No. 54277 Total Pages 18		
PATENT APPLICATION			
PATENT APPLICATION	FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER		
TRANSMITTAL	Guenther HUBER		
	Express Mail Label No		
Application Elements	Address To: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231		
1./X / Fee transmittal Form (Submit an original, and a duplicate for fee processing) 2./ X / Specification Total Pages / 18 /	6. / / Microfiche Computer Program (Appendix)		
(Preferred arrangement set for below)	Submission (if applicable, all necessary)		
Descriptive title of the Invention	a./ / Computer Readable Copy		
Cross References to Related Application	b/ / Paper Copy (Identical to computer copy)		
Statement Regarding Fed. Sponsored R & D	c/ / Statement verifying identity of above copies		
Reference to Microfiche Appendix	ACCOMPANYING APPLICATIONS PARTS		
Background of the Invention	8./ X / Assignment Papers (cover sheet & document(s)		
Brief Summary of the Invention	9/ /37 CFR 3.73(b)Statement / /Power of Attorney		
Brief Description of the Drawings (if filed)	10./ /English Translation Document (if applicable)		
Detailed Description	11.//Information Disclosure / x/ Copies of IDS Citations		
Claim(s)	12. ► /Preliminary Amendment		
Abstract of the Disclosure	13./ x/Return Receipt Postcard (MPEP 503)		
3./ X / Drawing(s)(35 USC 113)(Figs.) desired 4./ X /Oath or Declaration Total Pages/ 3 /	Should be specifically itemized) 14./ /Small Entity / /Statement filed in prior application Statements Status still proper and 15./ / Certified Copy of Priority Document(s)		
a /x / Newly executed (original or copy)	(if foreign priority is claimed)		
b./ /Copy from a prior application (37 CFR 1.63(d)	on		
17. If a Continuing Application, check appropriate box and supply the re //Continuation//Divisional//Continuation-in page 17.			
CORRESPONDENCE ADDRESS			
/ Customer Number or Bar code Label Insert Customer No. or Attac	or / / Correspondence address below		
Name: Herbert B. Keil KEIL & WEINKAUF			

Zip Code 20036 Fax: (202)659-0105 The filing fee has been calculated as shown below:

East	Number Filed	Number	SMALL/LARGE	BASIC FEE
For:	riied	Extra	ENTITY	\$385./\$770.
Basic Fee		• • • • • • • • • • • • • • • • • • • •		. \$ <u>770.</u>
Total COlaims: Indep. Claims:	· · · · · · ·			
[] Multiple Dependent Claim(s) presented:\$145./290 =				
[x] A check is	enclosed fo	r the filing	fee.	\$ 932.

^{*}If the difference is less than zero, enter "0".

- [X] A check for \$972. for the filing fee.
- [X] The Commissioner is hereby authorized to charge any other fee required, including the issue fee, in connection with the filing and prosecution of this application, and to the extent necessary, applicant(s) hereby petition for extension(s) of time under 37 CFR 1.136, to be charged to our Deposit Account 11-0345.

Respectfully submitted,

KEALL & WEINKAUF

Jason D. Voight

Reg. No. 42,205

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